

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	09/544,865	
	Filing Date	April 7, 2000	
	First Named Inventor	Pauline Sai-Fun Yeung	
	Art Unit	2661	
	Examiner Name	Steven Blount	
Total Number of Pages in This Submission	10	Attorney Docket Number	4509P010

RECEIVED
CENTRAL FAX CENTER
NOV 09 2005

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Facsimile Cover Sheet (1)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

RECEIVED
OIPE/IAP

NOV 10 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Thomas Coester</i>
Date	November 9, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

Typed or printed name	Susan M. Barrette	Date	November 9, 2005
Signature	<i>Susan M. Barrette</i>		

Based on PTO/SB/21 (24-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 200.00

Complete If Known

Application Number 09/544,865
 Filing Date April 7, 2000
 First Named Inventor Pauline Sai-Fun Yeung
 Examiner Name Steven Blount
 Art Unit 2661
 Attorney Docket No. 4509P010

RECEIVED
 CENTRAL FAX CENTER
 NOV 09 2005

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Charge fee(s) indicated below, except for the filing fee
☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	18	0	\$0.00
Independent Claims	4	1	\$200.00
Multiple Dependents			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	25		Claims in excess of 20
1201	2201	100		Independent claims in excess of 3
1203	2203	180		Multiple Dependent claim, if not paid
1204	2204	180		*Reissue independent claims over original patent
1205	2205	150		*Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(3) 200.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1061	2061	65		Surcharge - late filing fee or oath
1062	2062	25		Surcharge - late provisional filing fee or cover sheet
2063	2063	130		Non-English specification
1251	2251	60		Extension for reply within first month
1252	2252	225		Extension for reply within second month
1253	2253	610		Extension for reply within third month
1254	2254	785		Extension for reply within fourth month
1255	2255	1,080		Extension for reply within fifth month
1401	2401	250		Notice of Appeal
1402	2402	250		Filing a brief in support of an appeal
1403	2403	500		Request for oral hearing
1451	2451	1,510		Petition to institute a public use proceeding
1460	2460	130		Petitions to the Commissioner
1807	1807	50		Processing fee under 37 CFR 1.17(q)
1806	1806	100		Submission of Information Disclosure Sheet
1809	1809	355		Filing a submission after final rejection (37 CFR § 1.129(e))
1810	2810	385		For each additional invention to be examined (37 CFR § 1.129(b))
SUBTOTAL (2)				(3)

Other fee (specify)

SUBMITTED BY

Name (Print/Type) Thomas M. Coester

Registration No.
(Attorney/Agent)

39,637

Telephone

(310) 207-3800

Signature

Thomas Coester

Date

11/09/05

Based on PTO/ISB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Docket No.: 004509.P010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Pauline Sai-Fun Yeung

Application No.: 09/544,865

Filed: April 7, 2000

For: ISOCHRONOUS QUEUE AND BUFFER
MANAGEMENT

Art Group: 2661

Examiner: Steven Blount

RECEIVED
CENTRAL FAX CENTER

NOV 09 2005

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated October 3, 2005, Applicant amends
the application as follows: